

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> PRIVATE PROPERTY	<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER	<input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	LOCAL INFORMATION <b>2026-0005665</b>
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2 0 2 6 - 0 0 0 0 5 6 6 5

REPORTING AGENCY NAME* <b>STPD</b>	NCIC* <b>0 7 7 1 2</b>	HIT/SKIP 1 - SOLVED 2 - UNSOLVED <b>0 2</b>	NUMBER OF UNITS <b>0 2</b>	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN <b>0 1</b>
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COUNTY* <b>7 7</b>	LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP <b>1</b>	LOCATION: CITY, VILLAGE, TOWNSHIP* <b>Stow</b>	CRASH DATE / TIME* <b>03192026 / 1813</b>	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY <b>5</b>
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ROUTE TYPE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE NUMBER _____	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME <b>KENT</b>	ROAD TYPE <b>R D</b>	LATITUDE DECIMAL DEGREES <b>41.158674</b>
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ROUTE TYPE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE NUMBER _____	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) <b>4301</b>	ROAD TYPE <b>R D</b>	LONGITUDE DECIMAL DEGREES <b>-81.404861</b>
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REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # <b>1</b>	DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES <b>04</b>
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DISTANCE FROM REFERENCE _____	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS	ROADWAY <input type="checkbox"/> ROADWAY DIVIDED
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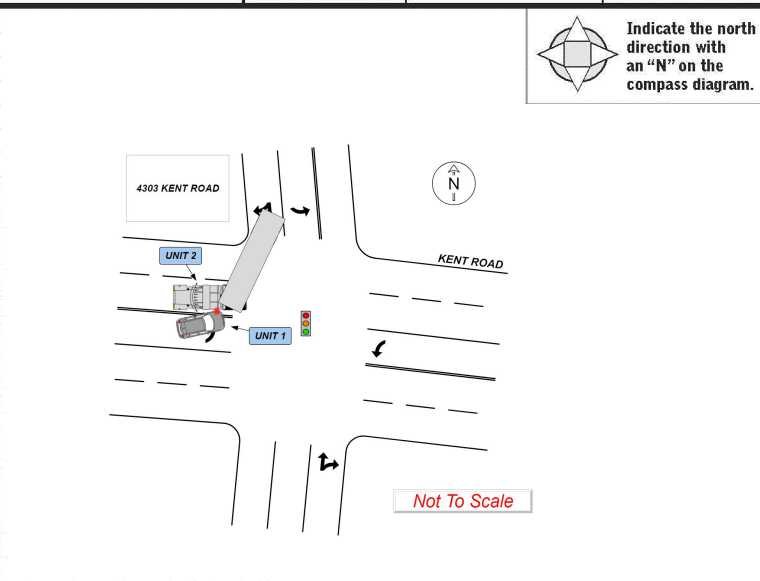
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP <b>0 1</b>	MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN <b>6</b>	DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN
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<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE	WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR <b>2</b>	CONDITIONS <b>1</b>	SURFACE <b>2</b>
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LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN <b>1</b>	WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN <b>0 1</b>	9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN
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NARRATIVE

**Unit One was stopped in the left-turn lane at the Kent Road intersection near 4303 Kent Road, waiting for a red light. Unit Two was negotiating a right-turn onto Kent Road westbound in a tractor-trailer. Unit Two stated that it cleared the lane but felt an impact. Unit One stated Unit Two entered its lane as it was stopped. An independent witness stated Unit One drove forward into Unit Two's lane by crossing the double yellow as Unit Two was negotiating the turn.**



CRASH REPORTED DATE / TIME <b>03192026 / 1813</b>	DISPATCH DATE / TIME <b>03192026 / 1814</b>	ARRIVAL DATE / TIME <b>03192026 / 1825</b>	SCENE CLEARED DATE / TIME <b>03192026 / 1909</b>	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPF)
TOTAL TIME ROADWAY CLOSED <b>0 3 0</b>	OTHER INVESTIGATION TIME <b>0 2 0</b>	TOTAL MINUTES <b>0 7 5</b>	OFFICER'S NAME* <b>BEGANOVIC, ELDIR</b>	CHECKED BY OFFICER'S NAME* <b>BELL, THEODORE</b>
			OFFICER'S BADGE NUMBER* <b>0 0 0 7 6 2</b>	CHECKED BY OFFICER'S BADGE NUMBER* <b>0 0 0 7 0 7</b>

**OWNER**

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (☑ SAME AS DRIVER) **RAMCHARRAN, HARRIDUTT** OWNER PHONE: INCLUDE AREA CODE (☑ SAME AS DRIVER) **3306737347**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☑ SAME AS DRIVER) **2584 PROGRESS PARK DR Stow OH 44224** COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LOCAL REPORT NUMBER **2026-00005665**

**DAMAGE**

DAMAGE SCALE **3**

1 - NONE 3 - FUNCTIONAL DAMAGE  
2 - MINOR DAMAGE 4 - DISABLING DAMAGE  
9 - UNKNOWN

**VEHICLE**

LP STATE OH LICENSE PLATE # KSY599 VEHICLE IDENTIFICATION # 4S3GKAB6XN3610543 VEHICLE YEAR 2022 VEHICLE MAKE Subaru

INSURANCE VERIFIED  INSURANCE COMPANY STATE FARM INSURANCE POLICY # 4188352SFP35 COLOR SIL VEHICLE MODEL IMPREZA

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT  #OCCUPANTS 01 VEHICLE WEIGHT GVWR/GCWR: 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. HAZARDOUS MATERIAL:  MATERIAL RELEASED CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_  PLACARD \_\_\_\_\_

**DAMAGED AREA(S)**  
INDICATE ALL THAT APPLY

NO DAMAGE [ 0 ]  UNDERCARRIAGE [ 14 ]  
 TOP [ 13 ]  ALL AREAS [ 15 ]  
 UNIT NOT AT SCENE [ 16 ]

**INITIAL POINT OF CONTACT**

11 0 - NO DAMAGE 14 - UNDERCARRIAGE  
11 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
11 13 - TOP 99 - UNKNOWN

**TRAFFIC**

TRAFFICWAY FLOW: 2 1 - ONE-WAY 2 2 - TWO-WAY

TRAFFIC CONTROL: 2 1 - ROUNDABOUT 4 - STOP SIGN  
2 2 - SIGNAL 5 - YIELD SIGN  
2 3 - FLASHER 6 - NO CONTROL

# OF THROUGH LANES ON ROAD: 4 RAIL GRADE CROSSING: 1 1 - NOT INVOLVED  
1 2 - INVOLVED-ACTIVE CROSSING  
1 3 - INVOLVED-PASSIVE CROSSING

UNIT TYPE 01

1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER  
2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST  
4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE  
5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP

# OF TRAILING UNITS \_\_\_\_\_

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL 0

0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION  
2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

SPECIAL FUNCTION 01

1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN  
3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL  
4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  
5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

CARGO BODY TYPE 01

1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER  
2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTOTRANSPORTER  
7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 11 - DUMP 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

VEHICLE DEFECTS \_\_\_\_\_

1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN  
2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT

NON-MOTORIST LOCATION AT IMPACT \_\_\_\_\_

1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE  
2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS  
5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN

ACTION 3

1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE  
2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING  
3 - STRIKING 11 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST  
4 - STRUCK PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN  
9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS

CONTRIBUTING CIRCUMSTANCES 07

1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY  
2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE  
3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION  
4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING  
5 - UNSAFE SPEED 11 - DROVE OFF ROAD  
6 - IMPROPER TURN 12 - IMPROPER BACKING

SEQUENCE OF EVENTS \_\_\_\_\_

EVENTS

1 20 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
2 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
3 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT  
4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER  
5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT  
30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT

**COLLISION WITH FIXED OBJECT - STRUCK**

4 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
5 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL  
27 - BRIDGE PIER OR ABUTMENT STRUCTURE 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING  
28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  
29 - BRIDGE RAIL BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT  
30 - GUARDRAIL FACE 35 - MEDIAN CONCRETE BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN  
49 - FIRE HYDRANT

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

**TRAFFICWAY FLOW**

2 1 - ONE-WAY 2 2 - TWO-WAY

**TRAFFIC CONTROL**

2 1 - ROUNDABOUT 4 - STOP SIGN  
2 2 - SIGNAL 5 - YIELD SIGN  
2 3 - FLASHER 6 - NO CONTROL

# OF THROUGH LANES ON ROAD: 4 RAIL GRADE CROSSING: 1 1 - NOT INVOLVED  
1 2 - INVOLVED-ACTIVE CROSSING  
1 3 - INVOLVED-PASSIVE CROSSING

**UNIT / NON-MOTORIST DIRECTION**

FROM 3 TO 1

1 - NORTH 5 - NORTHEAST  
2 - SOUTH 6 - NORTHWEST  
3 - EAST 7 - SOUTHEAST  
4 - WEST 8 - SOUTHWEST  
9 - OTHER / UNKNOWN

**UNIT SPEED**

000

**POSTED SPEED**

35

**DETECTED SPEED**

1 1 - STATED / ESTIMATED SPEED  
1 2 - CALCULATED / EDR  
1 3 - UNDETERMINED

**UNIT #** 02 **OWNER NAME:** LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)  
**TEK TRANSPORTATION INC**

**OWNER PHONE:** INCLUDE AREA CODE (☐ SAME AS DRIVER)  
5174145607

**OWNER ADDRESS:** STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)  
**5650 POPLAR DR JACKSON MI 49201**

**COMMERCIAL CARRIER:** NAME, ADDRESS, CITY, STATE, ZIP **TEK TRANSPORTATION**  
**5650 POPLAR DR JACKSON MI 49201**

**COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE  
5174145607

**LP STATE** MI **LICENSE PLATE #** RC53738 **VEHICLE IDENTIFICATION #** 1FUYS6YLG11735 **VEHICLE YEAR** 2000 **VEHICLE MAKE** Freight

**INSURANCE VERIFIED** **INSURANCE COMPANY** GREAT WEST **INSURANCE POLICY #** GRT28571A **COLOR** WHI **VEHICLE MODEL** Convent

**COMMERCIAL**  **GOVERNMENT**  **IN EMERGENCY RESPONSE** **US DOT #** 156377 **TOWED BY:** COMPANY NAME \_\_\_\_\_

**INTERLOCK DEVICE EQUIPPED**  **HIT/SKIP UNIT** **#OCCUPANTS** 01 **HAZARDOUS MATERIAL**  
 **MATERIAL RELEASED** **CLASS #** **PLACARD ID #**  
 **PLACARD** \_\_\_\_\_

**UNIT TYPE** 15

**# OF TRAILING UNITS** 01

**WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?** 0

**1 - PASSENGER CAR** **7 - MOTORCYCLE 2-WHEELED** **12 - GOLF CART** **18 - LIMO (LIVERY VEHICLE)** **23 - PEDESTRIAN / SKATER**  
**2 - PASSENGER VAN (MINIVAN)** **8 - MOTORCYCLE 3-WHEELED** **13 - SNOWMOBILE** **19 - BUS (16+ PASSENGERS)** **24 - WHEELCHAIR (ANY TYPE)**  
**3 - SPORT UTILITY VEHICLE** **9 - AUTOCYCLE** **14 - SINGLE UNIT TRUCK** **20 - OTHER VEHICLE** **25 - OTHER NON-MOTORIST**  
**4 - PICK UP** **10 - MOPED OR MOTORIZED BICYCLE** **15 - SEMI-TRACTOR** **21 - HEAVY EQUIPMENT** **26 - BICYCLE**  
**5 - CARGO VAN** **11 - ALL TERRAIN VEHICLE (ATV / UTV)** **16 - FARM EQUIPMENT** **22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE** **27 - TRAIN**  
**6 - VAN (9-15 SEATS)** **17 - MOTORHOME** **29 - UNKNOWN OR HIT/SKIP**

**SPECIAL FUNCTION** 01

**1 - NONE** **6 - BUS - CHARTER/TOUR** **11 - FIRE** **16 - FARM** **21 - MAIL CARRIER**  
**2 - TAXI** **7 - BUS - INTERCITY** **12 - MILITARY** **17 - MOWING** **99 - OTHER / UNKNOWN**  
**3 - ELECTRONIC RIDE SHARING** **8 - BUS - SHUTTLE** **13 - POLICE** **18 - SNOW REMOVAL**  
**4 - SCHOOL TRANSPORT** **9 - BUS - OTHER** **14 - PUBLIC UTILITY** **19 - TOWING**  
**5 - BUS - TRANSIT/COMMUTER** **10 - AMBULANCE** **15 - CONSTRUCTION EQUIPMENT** **20 - SAFETY SERVICE PATROL**

**CARGO BODY TYPE** 05

**1 - NO CARGO BODY TYPE / NOT APPLICABLE** **3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE** **5 - INTERMODAL CONTAINER CHASSIS** **8 - POLE** **12 - CONCRETE MIXER**  
**2 - BUS** **4 - LOGGING** **6 - CARGO VAN/ENCLOSED BOX** **9 - CARGO TANK** **13 - AUTOTRANSPORTER**  
**7 - GRAIN/CHIPS/GRAVEL** **10 - FLAT BED** **11 - DUMP** **14 - GARBAGE/REFUSE** **99 - OTHER / UNKNOWN**

**VEHICLE DEFECTS** 01

**1 - TURN SIGNALS** **4 - BRAKES** **7 - WORN OR SLICK TIRES** **9 - MOTOR TROUBLE** **99 - OTHER / UNKNOWN**  
**2 - HEAD LAMPS** **5 - STEERING** **8 - TRAILER EQUIPMENT DEFECTIVE** **10 - DISABLED FROM PRIOR ACCIDENT**

**NON-MOTORIST LOCATION AT IMPACT** 01

**1 - INTERSECTION - MARKED CROSSWALK** **3 - INTERSECTION - OTHER** **6 - BICYCLE LANE** **9 - MEDIAN/CROSSING ISLAND** **12 - FIRST RESPONDER AT INCIDENT SCENE**  
**2 - INTERSECTION - UNMARKED CROSSWALK** **4 - MIDBLOCK - MARKED CROSSWALK** **7 - SHOULDER / ROADSIDE** **10 - DRIVEWAY ACCESS** **99 - OTHER / UNKNOWN**  
**5 - TRAVEL LANE - OTHER LOCATION** **8 - SIDEWALK** **11 - SHARED USE PATHS OR TRAILS**

**ACTION** 04 **PRE-CRASH ACTIONS** 05

**1 - NON-CONTACT** **1 - STRAIGHT AHEAD** **7 - MAKING U-TURN** **13 - NEGOTIATING A CURVE** **18 - APPROACHING OR LEAVING VEHICLE**  
**2 - NON-COLLISION** **2 - BACKING** **8 - ENTERING TRAFFIC LANE** **14 - ENTERING OR CROSSING SPECIFIED LOCATION** **19 - STANDING**  
**3 - STRIKING** **3 - CHANGING LANES** **9 - LEAVING TRAFFIC LANE** **15 - WALKING, RUNNING, JOGGING, PLAYING** **20 - OTHER NON-MOTORIST**  
**4 - STRUCK** **4 - OVERTAKING/PASSING** **10 - PARKED** **16 - WORKING** **21 - STANDING OUTSIDE DISABLED VEHICLE**  
**5 - BOTH STRIKING & STRUCK** **5 - MAKING RIGHT TURN** **11 - SLOWING OR STOPPED IN TRAFFIC** **17 - PUSHING VEHICLE** **99 - OTHER / UNKNOWN**  
**9 - OTHER / UNKNOWN** **6 - MAKING LEFT TURN** **12 - DRIVERLESS**

**CONTRIBUTING CIRCUMSTANCES** 01

**1 - NONE** **7 - LEFT OF CENTER** **13 - IMPROPER START FROM A PARKED POSITION** **17 - VISION OBSTRUCTION** **21 - LYING IN ROADWAY**  
**2 - FAILURE TO YIELD** **8 - FOLLOWING TOO CLOSE / ACDA** **14 - STOPPED OR PARKED ILLEGALLY** **18 - OPERATING DEFECTIVE EQUIPMENT** **22 - NOT DISCERNIBLE**  
**3 - RAN RED LIGHT** **9 - IMPROPER LANE CHANGE** **15 - SWERVING TO AVOID** **19 - LOAD SHIFTING/FALLING/SPILLING** **23 - OPENING DOOR INTO ROADWAY**  
**4 - RAN STOP SIGN** **10 - IMPROPER PASSING** **16 - WRONG WAY** **20 - IMPROPER CROSSING** **99 - OTHER IMPROPER ACTION**  
**5 - UNSAFE SPEED** **11 - DROVE OFF ROAD** **12 - IMPROPER BACKING**

**SEQUENCE OF EVENTS** 20

**1 - OVERTURN/ROLLOVER** **6 - EQUIPMENT FAILURE** **11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL** **16 - RAILWAY VEHICLE** **22 - WORK ZONE MAINTENANCE EQUIPMENT**  
**2 - FIRE/EXPLOSION** **7 - SEPARATION OF UNITS** **12 - DOWNHILL RUNAWAY** **17 - ANIMAL - FARM** **23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE**  
**3 - IMMERSION** **8 - RAN OFF ROAD RIGHT** **13 - OTHER NON-COLLISION** **18 - ANIMAL - DEER** **24 - OTHER MOVABLE OBJECT**  
**4 - JACKKNIFE** **9 - RAN OFF ROAD LEFT** **14 - PEDESTRIAN** **19 - ANIMAL - OTHER**  
**5 - CARGO / EQUIPMENT LOSS OR SHIFT** **10 - CROSS MEDIAN** **15 - PEDALCYCLE** **21 - PARKED MOTORVEHICLE**

**COLLISION WITH FIXED OBJECT - STRUCK**

**25 - IMPACT ATTENUATOR / CRASH CUSHION** **31 - GUARDRAIL END** **37 - TRAFFIC SIGN POST** **43 - CURB** **50 - WORK ZONE MAINTENANCE EQUIPMENT**  
**26 - BRIDGE OVERHEAD STRUCTURE** **32 - PORTABLE BARRIER** **38 - OVERHEAD SIGN POST** **44 - DITCH** **51 - WALL**  
**27 - BRIDGE PIER OR ABUTMENT** **33 - MEDIAN CABLE BARRIER** **39 - LIGHT / LUMINARIES SUPPORT** **45 - EMBANKMENT** **52 - BUILDING**  
**28 - BRIDGE PARAPET** **34 - MEDIAN GUARDRAIL BARRIER** **40 - UTILITY POLE** **46 - FENCE** **53 - TUNNEL**  
**29 - BRIDGE RAIL** **35 - MEDIAN CONCRETE BARRIER** **41 - OTHER POST, POLE OR SUPPORT** **47 - MAILBOX** **54 - OTHER FIXED OBJECT**  
**30 - GUARDRAIL FACE** **36 - MEDIAN OTHER BARRIER** **42 - CULVERT** **48 - TREE** **99 - OTHER / UNKNOWN**  
**49 - FIRE HYDRANT**

**FIRST HARMFUL EVENT** 1 **MOST HARMFUL EVENT** 1

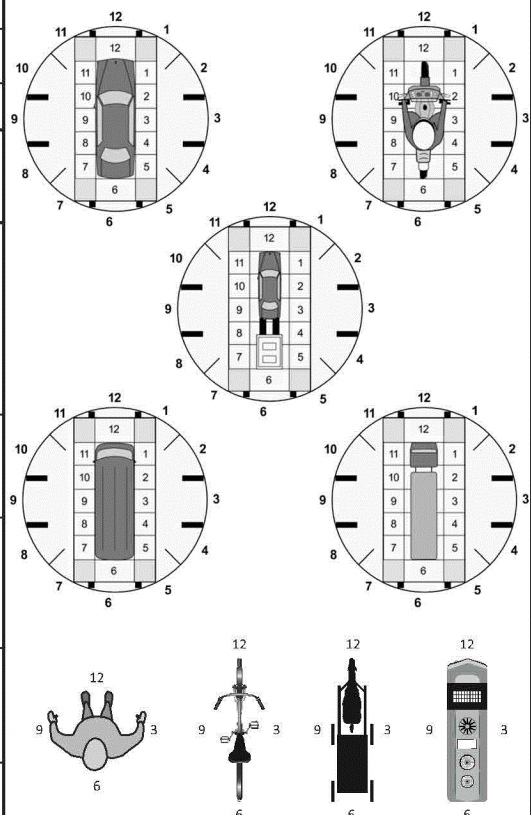
**LOCAL REPORT NUMBER**  
2026-00005665

**DAMAGE**

**DAMAGE SCALE**

1 1 - NONE 3 - FUNCTIONAL DAMAGE  
2 - MINOR DAMAGE 4 - DISABLING DAMAGE  
9 - UNKNOWN

**DAMAGED AREA(S)**  
INDICATE ALL THAT APPLY



**NO DAMAGE** [ 0 ]  **UNDERCARRIAGE** [ 14 ]  
 **TOP** [ 13 ]  **ALL AREAS** [ 15 ]  
 **UNIT NOT AT SCENE** [ 16 ]

**INITIAL POINT OF CONTACT**

10 0 - NO DAMAGE 14 - UNDERCARRIAGE  
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
13 - TOP 99 - UNKNOWN

**TRAFFIC**

**TRAFFICWAY FLOW** 2 1 - ONE-WAY 2 - TWO-WAY

**TRAFFIC CONTROL** 2 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL

**# OF THROUGH LANES ON ROAD** 4

**RAIL GRADE CROSSING** 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

**UNIT / NON-MOTORIST DIRECTION**

**FROM** 1 **TO** 4

1 - NORTH 5 - NORTHEAST  
2 - SOUTH 6 - NORTHWEST  
3 - EAST 7 - SOUTHEAST  
4 - WEST 8 - SOUTHWEST  
9 - OTHER / UNKNOWN

**UNIT SPEED** 003

**POSTED SPEED** 35

**DETECTED SPEED** 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 0 2 6 - 0 0 0 0 5 6 6 5

<b>UNIT #</b> 0 1	<b>NAME: LAST, FIRST, MIDDLE</b> RAMCHARRAN, HARRIDUTT			<b>DATE OF BIRTH</b> 0 1 0 7 1 9 4 5		<b>AGE</b> 0 8 1	<b>GENDER</b> M			
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 2584 PROGRESS PARK DR Stow OH 44224				<b>CONTACT PHONE - INCLUDE AREA CODE</b> 3 3 0 6 7 3 7 3 4 7						
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 0 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1	
<b>OL STATE</b> O H	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b> 331.01	<b>LOCAL CODE</b> <input checked="" type="checkbox"/>	<b>OFFENSE DESCRIPTION</b> Driving Upon Right Side of R		<b>CITATION NUMBER</b> SC0011747			
<b>OL CLASS</b> 4	<b>ENDORSEMENT</b> SELECT UP TO 2	<b>RESTRICTION</b> SELECT UP TO 3	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b> STATUS: 1, TYPE: 1, VALUE: .		<b>DRUG TEST(S)</b> STATUS: 1, TYPE: 1, RESULT: SELECT UP TO 4	

<b>UNIT #</b> 0 2	<b>NAME: LAST, FIRST, MIDDLE</b> NASTALLY, SPENCER			<b>DATE OF BIRTH</b> 1 0 0 3 1 9 9 8		<b>AGE</b> 0 2 7	<b>GENDER</b> M			
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 10395 WATSON RD HANOVER MI 49241				<b>CONTACT PHONE - INCLUDE AREA CODE</b> 5 1 7 8 7 9 9 6 4 8						
<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 0 1	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1	
<b>OL STATE</b> M I	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b>	<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>			
<b>OL CLASS</b> 3	<b>ENDORSEMENT</b> SELECT UP TO 2	<b>RESTRICTION</b> SELECT UP TO 3	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b> STATUS: 1, TYPE: 1, VALUE: .		<b>DRUG TEST(S)</b> STATUS: 1, TYPE: 1, RESULT: SELECT UP TO 4	


<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>			<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>			
<b>ADDRESS: STREET, CITY, STATE, ZIP</b>				<b>CONTACT PHONE - INCLUDE AREA CODE</b>						
<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>	
<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>		<b>OFFENSE CHARGED</b>	<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>			
<b>OL CLASS</b>	<b>ENDORSEMENT</b> SELECT UP TO 2	<b>RESTRICTION</b> SELECT UP TO 3	<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b>	<b>ALCOHOL TEST</b> STATUS: , TYPE: , VALUE: .		<b>DRUG TEST(S)</b> STATUS: , TYPE: , RESULT: SELECT UP TO 4	

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS	
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - MC MOPED ONLY 6 - NO VALID OL	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	
INJURED TAKEN BY	EJECTION		OL ENDORSEMENT	ALCOHOL TEST TYPE			
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN	1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT	1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER				
SAFETY EQUIPMENT	TRAPPED		GENDER	DRUG TEST TYPE			
1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	F - FEMALE M - MALE U - OTHER / UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER				
				CONDITION			
				1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN	DRUG TEST RESULT(S) 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS		



## OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 2026-00005665	REPORTING AGENCY Stow PD	DATE OF CRASH M03 10 19 1Y26
IN COUNTY OF Summit	CRASH LOCATION Kent Rd (near 4303 Kent) Stow, OH	
<p>Tractor Trailer RP: E147710 (MI) Owner: Kalamazoo Flower Group LLC 8937 Krum Ave Galesburg, MI 49053 800-253-4898</p>		
OFFICER'S SIGNATURE X 		BADGE NUMBER 762



LOCAL REPORT NUMBER 2026-5665	REPORTING AGENCY Stow PD	DATE OF CRASH M03   D19   Y26
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, MICHAEL SHIELDS PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
Beganovic OFFICER'S NAME AT 4180 Kent Rd LOCATION

I was returning to roneos pizza, coming from Kent. I was at the red light at the intersection of the meijers plaza. a semi was making a right hand turn out of the meijers plaza, there was a car in the turning lane, directly across the intersection from me. the car cut the wheel hard to the left and then rapidly accelerated diagonally into the semi. the car definitely hit the semi.

ADDRESS OF WITNESS  
2368 13TH ST. CUY. FLS. OH. 44223  
 SIGNATURE OF WITNESS  OFFICER'S SIGNATURE  762



LOCAL REPORT NUMBER 2026-5665	REPORTING AGENCY Stow PD	DATE OF CRASH MO 03   D 19   Y 26
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, HARRI DUTT RANCHHARRAN PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO

Begovic OFFICER'S NAME AT 2584 Progress Park LOCATION

On Thursday, March 19, 2026 I was traveling eastward along Kirt Road in Stow. It was about 6:10 pm. I stopped at a red light near McDonald to wait for the flow of vehicles. A white/grey semi truck was turning right to get in the lane to proceed westward. The driver couldn't clearly maneuver the turn in his designated lane; he ended crossed over the lane in which my car was and hit the left front bumper of my car. He stopped and we called the police who came and investigated the manner.

ADDRESS OF WITNESS 2584 Progress Park	OFFICER'S SIGNATURE <u>[Signature]</u> 72
SIGNATURE OF WITNESS X <u>[Signature]</u>	X